

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-012185
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 139

FILED APR 16 1962

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Rev. 4/59

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1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Length of stay in 1b 5 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital		Inside Limits Yes ☒ No ☐	
d. STREET ADDRESS R. F. D.		Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) William Heusted WELER		4. DATE OF DEATH Month March Day 30 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH July 22, 1889
9. AGE (last birthday) 72		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (City and state or country) Green Ridge, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME William L. Weller		13b. MOTHER'S MAIDEN NAME Eliza Ann Anna-Eliza Heusted	
14. NAME OF HUSBAND OR WIFE Mrs. Anna Louise Weller		Address Green Ridge, MO	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War # 1		16. SOCIAL SECURITY NO. 490-42-7579	
17. INFORMANT Mary		Address Mrs. Anna Louise Weller Green Ridge, MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Left hemiplegia DUE TO (c) Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) myocardial ischemia PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown			
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour ☐ a.m. ☐ p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 25 March 1962 to 30 March 1962 and last saw her/him alive on 30 March 1962 Death occurred at 12:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Stanley D. Fisher MD		22b. ADDRESS 500 West 16th Sedalia, Missouri	
22c. DATE SIGNED 31 Mar '62		22d. LOCATION (City, town, or county) Green Ridge, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 2, 1962	
23c. NAME OF CEMETERY OR CREMATORY Green Ridge Cemetery		23d. LOCATION (City, town, or county) Green Ridge, Mo.	
24. FUNERAL DIRECTOR Glen E. Heck Funeral Home Green Ridge, Mo.		25. DATE RECD. BY LOCAL REG. April 3 1962	
26. REGISTRAR'S SIGNATURE Frances Shelby		27. ADDRESS Green Ridge, Mo.	

For Student

APR 11-1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Allen E. Hook

Licensed Embalmer No.

4063

P. O. Address

Green Ridge, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

No Permit issued